



FEE TRANSMITTAL
For FY 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 340.00

Complete if Known

Application Number	10/660,256-Conf. #5361
Filing Date	September 11, 2003
First Named Inventor	Arthur Ramazanov
Examiner Name	P. G. Spivack
Art Unit	1614
Attorney Docket No.	04287/100M315-US1

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

13 - 20 = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

7 - 7 = 1 x 100.00 = 100.00

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

_____ - 100 = _____ /50 _____ (round up to a whole number) x _____ = _____

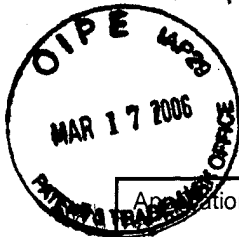
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00
2251 Extension for response within first month 60.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	51,401	Telephone	(212) 409-3790
Name (Print/Type)	Stephanie R. Amoroso, Ph.D.	Date	March 17, 2006		



Application No. (if known): 10/660,256

Attorney Docket No.: 04287/100M315-US1

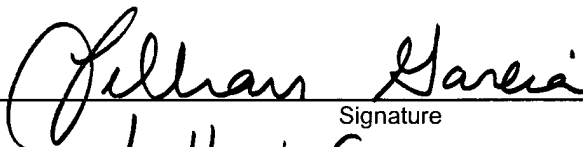
Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. _____ in an envelope addressed to:

EV778823335-US

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on March 17, 2006
Date



Signature

Lillian Garcia

Typed or printed name of person signing Certificate

N/A
Registration Number, if applicable

(212) 527-7700
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)
Amendment Transmittal (1 page)
Amendment in Response to Non-Final Office Action (8 pages)
Declaration 37 CFR 1.132 (8 pages) w/Exhibits A - G
Supplemental Information Disclosure Statement (4 pages)
Form SB/08a/b (3 pages)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Check No. 11506 in the amount of \$340.00
Return Receipt Postcard